Agenda: Outpatient Services, Youth and Family Peer Services and Mobile Crisis Services
August 27, 2020 – 10 a.m. to noon

Zoom Teleconference https://zoom.us/j/91628607429?pwd=bGlwTlk4Y1J5L1hVREcvRWMybVxQT09
(see end of document for details)

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<tr>
<th>No.</th>
<th>Agenda Item</th>
<th>Leads</th>
<th>Time</th>
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<tr>
<td>1.</td>
<td>Opening and agenda review</td>
<td>Representative Lauren Davis</td>
<td>10:00 – 10:05</td>
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<td><strong>Presentations: Developing a shared understanding</strong></td>
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<td></td>
<td><strong>15 minutes per topic (presenters and Q&amp;A)</strong></td>
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<td>Mobile Crisis Intervention Teams</td>
<td><strong>Overview</strong> – Allison Wedin, Involuntary Treatment Act Administrator, Division of Behavioral Health and Recovery (DBHR)-Health Care Authority (HCA) – 2 min.</td>
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<td><strong>Crisis family intervention services</strong> – Don Koenig, Regional Director, and Brook Vejo, Clinical Supervisor for the Children/Youth Mobile Crisis Team, Catholic Community Services of Western Washington – 7 min.</td>
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<td>2.</td>
<td>Outpatient Mental Health SUD Evaluation and Services</td>
<td><strong>Overview</strong> – Diana Cockrell, Section Manager, Prenatal to 25 Lifespan, DBHR-HCA – 3 min.</td>
<td>10:05 – 11:05</td>
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<td>Youth Peer Supports</td>
<td><strong>Navos</strong> – Anthony Orias, Clinical Supervisor, Child, Youth and Family Outpatient Services - 7 min.</td>
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<td>Family Peer Supports</td>
<td><strong>Overview</strong> – Evelyn Clark, Youth Peer Liaison Program Manager, DBHR-HCA – 3 min.</td>
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<td><strong>SPARK</strong> – Maria, Youth Peer – 5 min.</td>
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<td>Patty King, Family Liaison Program Manager, DBHR-HCA – 7 min.</td>
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Children and Youth Behavioral Health Work Group Youth and Young Adult Continuum of Care subgroup

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<th>3. Idea Pitches</th>
<th>5 minutes each</th>
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<td>Integrated behavioral health supports in primary care</td>
<td>Dr. Thatcher Felt</td>
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<td>Access to behavioral health supports for youth and young adults re-entering communities after confinement</td>
<td>Ted Ryle and Tyus Reed</td>
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<td>More robust services for youth and families prior to a crisis developing, including more peer support, more robust crisis responses, and Level 3 services</td>
<td>Michelle Karnath</td>
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| 4. Discussion | 11:20 – 11:50 |
| 5. Next steps | 11:50 – 12:00 |

Join Zoom Meeting
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INTEGRATED BEHAVIORAL HEALTH: A SOLUTION TO PEDIATRIC MENTAL HEALTH CHALLENGES
Thatcher T.H. Felt, DO, FAAP
Trustee – Washington Chapter American Academy of Pediatrics

PROBLEM
- Washington 43rd in the country for access to pediatric behavioral health
- Half of adult mental health issues develop before age 14y/o
- Pediatric behavioral health challenges are common making up 1 in 5 visits to primary care
- Many issues require referral but 80% of needs are often poorly met
  - Months until seen by outpatient behavioral health
  - Approximately 50% never attend referral and 50% are only seen once
  - Limited communication between behavioral health and primary care
- Immediacy of need for anxiety, depression, suicidality, ADHD is real

SOLUTION
- Integrated behavioral health using the Primary Care Behavioral Health model
  - Behavioral health consultant becomes part of the primary care team
  - Warm hand-off model - direct ongoing communication between BH and PCP
  - BH provider sees patient immediately before or after PCP
  - Encounter occurs in the same exam room as primary care exchange
  - Model NORMALIZES a behavioral health visit as part of primary care
  - Charting in the same system as PCP
  - Able to see weekly/monthly for short durations of time
- Example:
  - 17y/o adolescent girl, suicide attempt with overdose on street purchased fentanyl
    - Found cyanotic with agonal breathing by paramedics
    - Stabilized in ED, sent to PCP for behavioral health referral
    - Seen immediately by the behavioral health staff in primary care and weekly until outpatient therapy established in the community

PROPOSAL
- Medicaid to Medicare parity for psychotherapy
  - Example billing code 90832 (30min psychotherapy) reimbursement:
    - Medicaid: $39, Medicare: $70, Private: $106
    - Medicaid pays 55% Medicare rates for same service
      - Moreover, kids typically need more coordination with schools, parents, social service agencies
  - Half of WA children/adolescents are insured on Apple Health (Medicaid)
    - so practices cannot afford to provide integrated behavioral health when they receive a fraction of the cost of care for half their patients.
      - Rate increase supported 2019-2020